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CONFIRMATION NO. 3594

<b>SERIAL NUMBER</b> 10/788,674	<b>FILING or 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 4156	<b>ATTORNEY DOCKET NO.</b> UHGS:132US	
<b>APPLICANTS</b> Archelle Georgiou, Wayzata, MN; William W. McGuire, Wayzata, MN; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,440 02/27/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/20/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ELIZA A SQUIRES/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Michael C. Barrett, Esq. FULBRIGHT & JAWORSKI, L.L.P. Suite 2400 600 Congress Avenue Austin, TX 78701 UNITED STATES					
<b>TITLE</b> Modeling return on investment related to health care services					
<b>FILING FEE RECEIVED</b> 548	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		